Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005

Complete if Known	
Application Number	10/729,721
Filing Date	December 5, 2003
First Named Inventor	Salvatore Leonardi
Examiner Name	Junghwa M. Im
Art Unit	2811
Attorney Docket No.	856063.672D1

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)1020

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: 19-1090   Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments   ☒ Charge any underpayments or credit any overpayments
   of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
15	-28 or HP = 0	X 50 =	0	Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20   _____   _____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3	-7 or HP = 0	X 200 =	0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ -100 =	_____ /50 =	_____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Extension of Time (three months)	1020
_____	_____
_____	_____

SUBMITTED BY

Signature	*E. Russell Tarleton*	Registration No. (Attorney/Agent)	31,800	Telephone	206-622-4900
Name (Print/Type)	E. Russell Tarleton			Date	September 23, 2005

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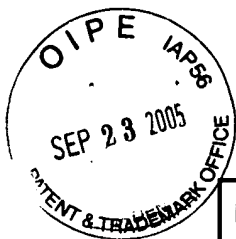
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number 856063.672D1
Application Number 10/729,721	Filed December 5, 2003

For RESISTIVE STRUCTURE INTEGRATED IN A SEMICONDUCTOR SUBSTRATE

Art Unit 2811	Examiner Junghwa M. Im

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$_____
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$_____
☒	Three months (37 CFR 1.17(a)(3))	$1020	$510	$1020
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$_____
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

    ☐ assignee of record of the entire interest. See 37 CFR 3.71

        Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

    ☒ attorney or agent of record. Registration No. 31,800

    ☐ attorney or agent under 37 CFR 1.34.

        Registration number if acting under 37 CFR 1.34. _____ .

E. Russell Tarleton (signature)	September 23, 2005
Signature	Date
E. Russell Tarleton	206-622-4900
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

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